

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17085

Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2388

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital - En Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Dead upon arrival
In this community 9 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. Jesse Wilburn Owen
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 12 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 7 10 hr. min.

9. Birthplace Raytown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Third Grade Pupil

11. Industry or business Raytown Grade School

MOTHER FATHER { 12. Name Lee Owen
13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Clara Davies
15. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lee Owen
(b) Address 63rd Street & #50 Hiway

17. (a) Burial (b) Date thereof May 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director J. H. Thurmon
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-25-43 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #2-63rd St. & 50 Highway
(If rural, give location)
(e) Citizen of foreign country? none (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22nd
year 1943 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from May 21 1943 to May 22 1943
that I last saw him alive on May 22
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary edema
Due to acute nephrosis
Due to terminal measles
Other conditions 1 wk ago
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
(Specify type of place) (e) Means of injury _____
23. Signature M. L. Tolson (M. D. or other)
Address Raytown Mo Date signed 5-24-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. [redacted] & [redacted] appear
except [redacted]. Payton, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address..... Remo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.